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|---|----------------------------------|--|---|-------|---|----|---|----|--|----|--|----|--|--|--|--|---|--|--|--|---|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) A5604/T41700 | | | | | | | | | | | | | | | | | | | | |
| In re Application of TONY S. KAUSHAL et al. | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 09/927,244 | | Filed August 10, 2001 | | | | | | | | | | | | | | | | | | | | |
| For CORROSION RESISTANT COATING FOR SEMICONDUCTOR PROCESSING CHAMBER | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1763 | Examiner Luz L. Alejandro Mulero | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.</td><td></td></tr><tr><td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td><td></td></tr><tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr><tr><td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr><tr><td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. See Enclosed PTO/SB/17 fee transmittal (in duplicate).</td><td></td></tr></table> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 39,496</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>April 14, 2004</p> <p>Date</p> <p></p> <p>Signature</p> <p>Kent J. Tobin, Reg. No. 39,496</p> <p>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$. | | <input type="checkbox"/> A check in the amount of the fee is enclosed. | | <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. See Enclosed PTO/SB/17 fee transmittal (in duplicate). | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | | | | | | | | | | | |
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